

# Buprenorphine

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This sheet is about exposure to buprenorphine in pregnancy and while breastfeeding. This information is based on available published literature. It should not take the place of medical care and advice from your healthcare provider.

## ***What is buprenorphine?***

Buprenorphine is an opioid medication. Opioids are sometimes called narcotics. Buprenorphine has been used to treat substance use disorders involving opioid drugs (such as heroin) and narcotic painkillers. It has also been used to treat pain. It is available as an injection (including brand names Buprenex® and Sublocade®), an oral film that dissolves in the mouth (Belbuca®), and a patch worn on the skin (Butrans®). Buprenorphine is also available in different forms combined with the medication naloxone (such as Bunavail®, Suboxone®, and Zubsolv®).

## ***I just found out I am pregnant. Should I stop taking buprenorphine?***

Sometimes when people find out they are pregnant, they think about changing how they take their medication, or stopping their medication altogether. However, it is important to talk with your healthcare providers before making any changes to how you take your medication. Your healthcare providers can talk with you about the benefits of treating your condition and the risks of untreated illness during pregnancy.

If you have been taking buprenorphine regularly or have a dependency (also called opioid use disorder), you should not stop suddenly (also called “cold turkey”). Stopping an opioid medication suddenly could cause you to go into withdrawal. It is not known if or how withdrawal might affect a pregnancy. It is suggested that any reduction in buprenorphine be done slowly, and under the direction of your healthcare provider.

## ***I am taking buprenorphine, but I would like to stop taking it before getting pregnant. How long does the medication stay in my body?***

People eliminate medication at different rates. In healthy adults, it takes up to 9 days, on average, for most of the buprenorphine to be gone from the body. It may take more time for long-acting (extended-release) medications.

## ***I take buprenorphine. Can it make it harder for me to get pregnant?***

Studies have not been done to see if taking buprenorphine can make it harder to get pregnant.

## ***Does taking buprenorphine increase the chance of miscarriage?***

Miscarriage is common and can occur in any pregnancy for many different reasons. It is not known if buprenorphine increases the chance of miscarriage. Limited studies looking at buprenorphine use in pregnancy have not found higher rates of miscarriage than what is seen in the general population.

## ***Does taking buprenorphine increase the chance of birth defects?***

Every pregnancy starts out with a 3-5% chance of having a birth defect. This is called the background risk. Limited studies looking at buprenorphine in pregnancy have not reported an increased chance of birth defects.

Some studies that have looked at opioids as a group suggest that opioids in general might be associated with birth defects. However, studies have not found a specific pattern of birth defects caused by opioids. Based on these studies, if there is an increased chance of birth defects with opioid use in pregnancy, it is likely to be small.

## ***Does taking buprenorphine in pregnancy increase the chance of other pregnancy-related problems?***

When taken as prescribed, buprenorphine is not expected to increase the chance for pregnancy problems.

Studies involving people who often use certain opioids during their pregnancy have found an increased chance for adverse outcomes including poor growth of the fetus, stillbirth, preterm delivery (birth before week 37) and the need for C-section. This is more commonly reported in those who are using a substance like heroin or who are using prescribed pain medications in higher amounts or for longer than recommended by their healthcare provider. Use of an opioid close to the time of delivery can result in withdrawal symptoms in the baby (see the section of this fact sheet on neonatal abstinence syndrome).

***Will my baby have withdrawal (neonatal abstinence syndrome) if I continue to take buprenorphine?***

Studies have reported that some babies will experience neonatal abstinence syndrome (NAS) when buprenorphine is used up to the time of delivery. Neonatal abstinence syndrome (NAS) is the term used to describe withdrawal symptoms in newborns after exposure to certain medication(s) during pregnancy. NAS symptoms with opioid use can include trouble breathing, extreme drowsiness (sleepiness), poor feeding, irritability, sweating, tremors, vomiting and diarrhea. Most often, symptoms of NAS appear two days after birth and may last more than two weeks. The chance that NAS will occur depends on the length of time and/or the dose of opioid taken during pregnancy. If opioids were taken in pregnancy, it is important to let your baby's healthcare providers know so that they can check for symptoms of NAS and provide the best care for your newborn.

***Does taking buprenorphine in pregnancy affect future behavior or learning for the child?***

It is not known if buprenorphine increases the chance for behavior or learning issues.

Some studies on opioids as a general group have found more problems with learning and behavior in children exposed to opioids for a long period of time during pregnancy. It is hard to know if it is the medication exposure or other factors that may increase the chances of these problems.

***What if I have an opioid use disorder?***

Studies find that people who are pregnant and take opioids in higher doses or for longer than recommended by their healthcare providers (i.e. misuse or "abuse" opioids) have an increased chance for pregnancy problems. These include poor growth of the fetus, stillbirth, preterm delivery, and the need for C-section.

***Buprenorphine and breastfeeding:***

It is important to talk with your healthcare provider about all your exposures and the best way to treat your condition while breastfeeding. Buprenorphine gets into breast milk in low amounts. It is possible to breastfeed while taking buprenorphine; however, some babies might have problems with the amounts of buprenorphine in the breast milk.

The use of some opioids in breastfeeding might cause babies to be very sleepy and have trouble latching on. Some opioids can cause trouble with breathing. If you are using any opioid, talk to your healthcare provider about how to use the least amount for the shortest time and how to monitor (watch) your baby for any signs of concern. Contact the baby's healthcare provider immediately if your baby has any problems such as increased sleepiness (more than usual), trouble feeding, trouble breathing, or limpness. Be sure to talk to your healthcare provider about all your breastfeeding questions.

***If a male takes buprenorphine, could it affect fertility or increase the chance of birth defects?***

Studies have not been done to see if buprenorphine could affect male fertility (ability to get partner pregnant) or increase the chance of birth defects above the background risk. In general, exposures that fathers or sperm donors have are unlikely to increase risks to a pregnancy. For more information, please see the MotherToBaby fact sheet Paternal Exposures at <https://mothertobaby.org/fact-sheets/paternal-exposures-pregnancy/>.

**Questions? Call 866.626.6847 | Text 855.999.3525 | Email or Chat at [MotherToBaby.org](https://mothertobaby.org).**

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